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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark OfficeExaminer: Anne HolleranArt Unit: 1643DATE: January 30, 2006FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 26

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MESSAGE:

Patent Application No.: 11/140,512; Our Ref. 81863.0040

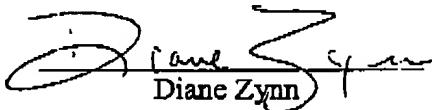
I hereby certify that the following documents:

☒ Amendment Transmittal Letter/Amendment/Petition for Extension of Time (3 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 30, 2006

Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER: 571-273-8300 ART UNIT 1643CLIENT NUMBER: 89188.0130ATTORNEY BILLING NUMBER: 1966CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 89188.0130
Patent Application No. 09/743,684

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Parkash S. GILL

Serial No: 09/743,684

Confirmation No.: 7332

Filed: April 23, 2001

For: NOVEL INHIBITORS OF ANGIOGENESIS AND
TUMOR GROWTH

Art Unit: 1643

Examiner: Anne Holleran

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

January 30, 2006

Date of Deposit

Diane Zynn

Name

Signature

01/30/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	40	-	57	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	5	-	7	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims 7, 11, 24, 53, 54					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

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☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: January 30, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
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